

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-03-2101.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

**I. DISPUTE**

1.     a.     Whether there should be reimbursement for date of service 10-15-01.
- b.     The request was received on 5-28-02.

**II. EXHIBITS**

1.     Requestor, Exhibit I:
  - a.     TWCC 60 and Letter Requesting Dispute Resolution
  - b.     HCFAs
  - c.     EOBs
  - d.     Medical Records
  - e.     Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2.     Respondent, Exhibit II:

No Response was noted in the dispute packet.
3.     Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 6-28-02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
4.     Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

**III. PARTIES' POSITIONS**

1.     Requestor: Letter dated 3-20-02:

"Ms. \_\_\_\_ had previous back surgery. This was a redo of her back surgery. During the course of her surgery Dr. \_\_\_\_ had to deal with excessive scarring from her previous surgery. This adds extra time to the procedure. AAOS and TWCC Fee guideline both allow for Unusual [sic] services and the Modifier-22 denotes this. I have attached documentation from TWCC and AAOS."

2. Respondent: No Response noted in the dispute packet.

#### IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 10-15-01.
- The Carrier has denied the disputed services as reflected on the EOB as “GLBL G – THE PROCEDURE CODE HAS BEEN REBUNDLED TO A MORE COMPREHENSIVE CODE THAT MORE ACCURATELY DESCRIBE THE ENTIRE PROCEDURE PERFORMED”; “DDUP – THE LISTED SERVICE/PROCEDURE CANNOT BE BILLED IN MULTIPLE INCREMENTS ON THE SAME DAY OR EXCEED THE MAXIMUM NUMBER OF SERVICES FOR THE CLAIM.”
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
10-15-01	64714-22	\$1,990.00	\$-0-	GLBL	\$1,315.00	Global Service Data for Orthopaedic Surgery; CPT Descriptor	<p>The Carrier has denied the disputed service as “GLBL”.</p> <p>Pursuant to the Global Service Data for Orthopaedic Surgery, CPT Code 64714 is listed under the ‘Generic’ intraoperative services that are included in the global service package for this code.</p> <p>The TWCC modifier 22 is defined as “Unusual Services: When the service(s) provided is greater than that usually required for the listed procedure, add the modifier ‘22’ to the CPT code. DOP is required.</p> <p>However, the adding of the TWCC modifier does not alleviate the global aspect of the code billed.</p> <p>Therefore, no additional reimbursement is recommended.</p>
10-15-01	64722-22 (x 4)	\$1,530.00  TOTAL \$6,120.00	\$-0-	GLBL	\$1,012.00	Global Service Data for Orthopaedic Surgery; CPT Descriptor	<p>The Carrier has denied the disputed service as “GLBL and DDUP”.</p> <p>Pursuant to the Global Service Data for Orthopaedic Surgery, CPT Code 64722 is global to the primary code (63047).</p> <p>The TWCC modifier 22 is defined as “Unusual Services: When the service(s) provided is greater than that usually required for the listed procedure, add the modifier ‘22’ to the CPT code. DOP is required.”</p> <p>However, the adding of the TWCC modifier does not alleviate the global aspect of the code billed.</p>
<b>Totals</b>		\$8,110.00	\$-0-				The Requestor <b>is not</b> entitled to reimbursement.

MDR: M4-02-3698-01

The above Findings and Decision are hereby issued this 4<sup>th</sup> day of November 2002.

Lesa Lenart  
Medical Dispute Resolution Officer  
Medical Review Division

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